Senate

General Assembly

File No. 477

January Session, 2007

Senate Bill No. 1340

Senate, April 12, 2007

The Committee on Public Health reported through SEN. HANDLEY of the 4th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING A COMPREHENSIVE PLAN TO ERADICATE CHILDHOOD LEAD POISONING.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-111a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) The **[**Commissioner**]** Department of Public Health shall be the lead state agency for lead poisoning prevention in this state. The Commissioner of Public Health shall (1) identify the state and local agencies in this state with responsibilities related to lead poisoning prevention, and (2) schedule a meeting of such state agencies and representative local agencies at least once annually in order to coordinate lead poisoning prevention efforts in this state.

(b) The commissioner shall establish a lead poisoning prevention program **[**. Such program shall**]** to provide screening, diagnosis, consultation, inspection and treatment services, including, but not limited to, the prevention and elimination of lead poisoning through

research, abatement, education and epidemiological and clinical activities. Such program shall include, but need not be limited to, the screening services provided pursuant to section 2 of this act.

[(b)**]** (c) Within available appropriations, the **[**Commissioner of Public Health**]** commissioner may contract with individuals, groups or agencies for the provision of necessary services and enter into assistance agreements with municipalities, cities, boroughs or district departments of health or special service districts for the development and implementation of comprehensive lead poisoning prevention programs consistent with the provisions of sections 19a-110 to 19a-111c, inclusive.

Sec. 2. (NEW) (*Effective October 1, 2007*) (a) Each primary care provider giving pediatric care in this state to a child under two years of age shall take or cause to be taken a blood sample from each such child for the purpose of conducting blood lead screening in accordance with this section. Each primary care provider shall also arrange for lead risk assessments in accordance with subsection (b) of this section. The requirements of this section shall not apply to any child whose parent or guardian objects to a blood test as being in conflict with the parent or guardian's religious tenets and practices.

(b) (1) Lead screening shall be conducted at least annually for each child between six and thirty six months of age. Additional screening shall be conducted as clinically indicated as determined by the primary care provider. For purposes of this section, clinically indicated screening shall include, but not be limited to, screening for a child who:

(A) Has never been screened for blood lead, in which case the child shall be immediately screened regardless of other risk factors;

(B) Has a clinical record or exhibits symptoms indicative of elevated blood lead levels, which symptoms may include, but need not be limited to, neurological symptoms, hyperactivity, behavioral disorders, abdominal pain or developmental delays;

(C) Has a chronological age of two years or older but is developmentally delayed and is found to be at risk for lead poisoning pursuant to subdivision (2) of this subsection; or

(D) Has a loss of cognitive skill for no identified reason.

(2) In addition to such screening, a risk assessment shall be conducted at least annually for each child between thirty-seven and seventy-two months of age and may be conducted for any child under such age who is determined by a primary care provider to be in need of such risk assessment. Such risk assessment shall comply with standards established by the Commissioner of Public Health, and shall include, but need not be limited to, questions to determine whether the child:

(A) Is exhibiting a habit of eating nonfood substances;

(B) Has a prior confirmed venous blood lead level equal to or greater than fifteen micrograms per deciliter; or

(C) Resides in a residence constructed before 1978 that has undergone major renovations that may increase the risk of lead exposure.

Sec. 3. Section 19a-110 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) **[**Each institution licensed under the provisions of sections 19a-490 to 19a-503, inclusive, and each private clinical laboratory licensed under section 19a-30 shall, within**]** Not later than forty-eight hours **[**of receipt of knowledge thereof,**]** after receiving or completing a report of a person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead, each institution licensed under sections 19a-490 to 19a-503, inclusive, as amended, and each clinical laboratory licensed under section 19a-30 shall report to (1) the Commissioner of Public Health, and to the director of health of the town, city or borough in which the person resides: **[**(1)**]** (A) The name, full residence address, date of birth,

gender, race and ethnicity of each person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead; **[**(2)**]** (B) the name, address and telephone number of the health care provider who ordered the test; **[**(3)**]** (C) the sample collection date, analysis date, type and blood lead analysis result; and **[**(4)**]** (D) such other information as the commissioner may require, and (2) the health care provider who ordered the test, the results of the test. With respect to a child under two years of age, not later than seventy-two hours after the provider receives such results, the provider shall make reasonable efforts to notify the parent or guardian of the child of the blood lead analysis results. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing said report to the commissioner or to the director of health. The commissioner, after consultation with the Chief Information Officer of the Department of Information Technology, shall determine the method and format of transmission of data contained in said report.

(b) Each institution or laboratory that conducts lead testing pursuant to subsection (a) of this section shall, at least monthly, submit to the Commissioner of Public Health a comprehensive report that includes: (1) The name, full residence address, date of birth, gender, race and ethnicity of each person tested pursuant to subsection (a) of this section regardless of the level of lead in the blood; (2) the name, address and telephone number of the health care provider who ordered the test; (3) the sample collection date, analysis date, type and blood lead analysis result; (4) laboratory identifiers; and (5) such other information as the commissioner may require. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing said report to the commissioner. The commissioner, after consultation with the Chief Information Officer, shall determine the method and format of transmission of data contained in said report.

(c) Whenever an institutional laboratory or private clinical laboratory conducting blood lead tests pursuant to this section refers a

blood lead sample to another laboratory for analysis, the laboratories may agree on which laboratory will report in compliance with subsections (a) and (b) of this section, but both laboratories shall be accountable to insure that reports are made. The referring laboratory shall insure that the requisition slip includes all of the information that is required in subsections (a) and (b) of this section and that this information is transmitted with the blood specimen to the laboratory performing the analysis.

(d) The director of health of the town, city or borough shall provide or cause to be provided, to the parent or guardian of a child reported, pursuant to subsection (a) of this section, with information describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning, information about potential eligibility for services for children from birth to three years of age pursuant to sections 17a-248 to 17a-248g, inclusive, and laws and regulations concerning lead abatement. Said information shall be developed by the Department of Public Health and provided to each local and district director of health. With respect to the child reported, the director shall conduct an on-site inspection to identify the source of the lead causing a confirmed venous blood lead level equal to or greater than fifteen micrograms per deciliter but less than twenty micrograms per deciliter in two tests taken at least three months apart and order remediation of such sources by the appropriate persons responsible for the conditions at such source. On and after January 1, 2011, if one per cent or more of children in this state under the age of two report blood lead levels equal to or greater than ten micrograms per deciliter, the director shall conduct such on-site inspection and order such remediation for any child having a confirmed venous blood lead level equal to or greater than ten micrograms per deciliter in two tests taken at least three months apart.

Sec. 4. Subsection (b) of section 10-206 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(b) Each local or regional board of education shall require each child to have a health assessment prior to public school enrollment. The assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of section 19a-62a, and, for the school year commencing July 1, 2010, and for each school year thereafter, blood lead screening pursuant to section 2 of this act that indicates whether the child has a confirmed venous blood lead level greater than ten micrograms per deciliter. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under section 10-204a, provided a registered nurse may only update said immunizations pursuant to a written order by a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, speech and gross dental screenings; and (4) such other information, including health and developmental history, as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and tests for lead levels in the blood where the local or regional board of education determines after consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, that such tests are necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

Sec. 5. (NEW) (*Effective October 1, 2007*) Each individual health insurance policy providing coverage of the type specified in

subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, amended, renewed or continued in this state on or after October 1, 2007, shall provide coverage for blood lead screening and risk assessments ordered by a primary care provider pursuant to section 2 of this act.

Sec. 6. Subsection (b) of section 38a-535 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(b) **[**Every**]** Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-469 delivered, issued for delivery or renewed on or after October 1, 1989, or continued as defined in section 38a-531, on or after October 1, 1990, shall provide benefits for preventive pediatric care for any child covered by the policy or contract at approximately the following age intervals: Every two months from birth to six months of age, every three months from nine to eighteen months of age and annually from two through six years of age. Any such policy may provide that services rendered during a periodic review shall be covered to the extent that such services are provided by or under the supervision of a single physician during the course of one visit. Each such policy shall also provide coverage for blood lead screening and risk assessments ordered by a primary care provider pursuant to section 2 of this act. Such benefits shall be subject to any policy provisions which apply to other services covered by such policy.

Sec. 7. (NEW) (*Effective July 1, 2007*) (a) There is established a lead safe account, which shall be a separate, nonlapsing account within the General Fund. The account may contain any moneys required by law to be deposited in the account. The account shall be used by the Department of Social Services for the purpose of providing financial assistance and loans for the remediation or removal of lead from residential real property.

(b) The Department of Social Services shall establish and administer a program of financial assistance and loans to property owners for the

remediation or removal of lead from residential real property.

Sec. 8. (NEW) (*Effective October 1, 2007*) Not later than January 1, 2008, the Commissioner of Public Health shall review the data collected by the Department of Public Health regarding lead poisoning to determine if the data is recorded in a format that is compatible with the information reported by institutions and laboratories pursuant to section 19a-110 of the general statutes, as amended by this act. If the commissioner finds that such data should be reported in a different manner, the commissioner shall adopt regulations, in accordance with chapter 54 of the general statutes, to establish the manner for reporting such data.

Sec. 9. Section 19a-111c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) The owner of any dwelling in which the paint, plaster or other **[**materials**]** material is found to contain toxic levels of lead and in which children under the age of six reside, shall abate, remediate or manage such dangerous materials consistent with regulations adopted pursuant to this section. The Commissioner of Public Health shall adopt regulations, in accordance with **[**the provisions of**]** chapter 54, **[**establishing removal and**]** to establish requirements and procedures for testing, remediation, abatement **[**requirements and procedures for**]** and management of materials containing toxic levels of lead. For the purposes of this section, "remediation" means the use of interim controls, including, but not limited to, paint stabilization, spot point repair, dust control, specialized cleaning and covering of soil with mulch.

(b) The commissioner shall authorize the use of any liquid, cementitious or flexible lead encapsulant product which complies with an appropriate standard for such products developed by the American Society for Testing and Materials or similar testing organization acceptable to the commissioner for the abatement **[**of toxic levels of lead, unless the commissioner disapproves the use of any such product**]** and remediation of lead hazards. The commissioner shall

maintain a list of all such approved lead encapsulant products that may be used in this state for the abatement [of toxic levels of lead] and remediation of lead hazards.

(c) (1) The Commissioner of Public Health may adopt regulations, in accordance with chapter 54, to regulate paint removal from the exterior of any building or structure where the paint removal project may present a health hazard to neighboring premises. The regulations may establish: (1) Definitions, (2) applicability and exemption criteria, (3) procedures for submission of notifications, (4) appropriate work practices, and (5) penalties for noncompliance.

(2) The Commissioner of Public Health may adopt regulations, in accordance with chapter 54, to regulate the standards and procedures for testing, remediation, as defined in this section, abatement and management of materials containing toxic levels of lead in any premises.

Sec. 10. Section 19a-206 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) Town, city and borough directors of health or their authorized agents shall, within their respective jurisdictions, examine all nuisances and sources of filth injurious to the public health, cause such nuisances to be abated or remediated and cause to be removed all filth which in their judgment may endanger the health of the inhabitants. Any owner or occupant of any property who maintains such property, whether real or personal, or any part thereof, in a manner which violates the provisions of the Public Health Code enacted pursuant to the authority of sections 19a-36 and 19a-37 shall be deemed to be maintaining a nuisance or source of filth injurious to the public health. Any local director of health or his authorized agent or a sanitarian authorized by such director may enter all places within his jurisdiction where there is just cause to suspect any nuisance or source of filth exists, and abate or remediate or cause to be abated or remediated such nuisance and remove or cause to be removed such filth.

(b) When any such nuisance or source of filth is found on private property, such director of health shall order the owner or occupant of such property, or both, to remove, **[**or**]** abate or remediate the same within such time as the director directs. If such order is not complied with **[**,**]** within the time fixed by such director: (1) Such director, or any official of such town, city or borough authorized to institute actions on behalf of such town, city or borough, may institute and maintain a civil action for injunctive relief in any court of competent jurisdiction to require the abatement or remediation of such nuisance, the removal of such filth and the restraining and prohibiting of acts which caused such nuisance or filth, and such court shall have power to grant such injunctive relief upon notice and hearing; (2) (A) the owner or occupant of such property, or both, shall be subject to a civil penalty of two hundred fifty dollars per day for each day such nuisance is maintained or such filth is allowed to remain after the time fixed by the director in his order has expired, except that the owner or occupant of such property or any part thereof on which a public eating place is conducted shall not be subject to the provisions of this subdivision, but shall be subject to the provisions of subdivision (3) **[**. Such**]** of this subsection, and (B) such civil penalty may be collected in a civil proceeding by the director of health or any official of such town, city or borough authorized to institute civil actions and shall be payable to the treasurer of such city, town or borough; **[**,**]** and (3) the owner or occupant of such property, or both, shall be subject to the provisions of sections 19a-36, 19a-220 and 19a-230.

(c) If the director institutes an action for injunctive relief seeking the abatement or remediation of a nuisance or the removal of filth, the maintenance of which is of so serious a nature as to constitute an immediate hazard to the health of persons other than the persons maintaining such nuisance or filth, he may, upon a verified complaint stating the facts which show such immediate hazard, apply for an ex parte injunction requiring the abatement or remediation of such nuisance or the removal of such filth and restraining and prohibiting the acts which caused such nuisance or filth to occur, and for a hearing on an order to show cause why such ex parte injunction should not be

continued pending final determination on the merits of such action. If the court finds that an immediate hazard to the health of persons other than those persons maintaining such nuisance or source of filth exists, such ex parte injunction shall be issued, provided a hearing on its continuance pending final judgment is ordered held within seven days thereafter and provided further that any persons so enjoined may make a written request to the court or judge issuing such injunction for a hearing to vacate such injunction, in which event such hearing shall be held within three days after such request is filed.

(d) In each town, except in a town having a city or borough within its limits, the town director of health shall have and exercise all the power for preserving the public health and preventing the spread of diseases; and, in any town within which there exists a city or borough, the limits of which are not coterminous with the limits of such town, such town director of health shall exercise the powers and duties of his office only in such part of such town as is outside the limits of such city or borough, except that when such city or borough has not appointed a director of health, the town director of health shall, for the purposes of this section, exercise the powers and duties of his office throughout the town, including such city or borough, until such city or borough appoints a director of health.

(e) When such nuisance is abated or remediated or the source of filth is removed from private property, such abatement, **[**or**]** remediation or removal shall be at the expense of the owner or, where applicable, the occupant of such property, or both, and damages and costs for such abatement, remediation or removal may be recovered against **[**them**]** the owner or, where applicable, the occupant, or both, by the town, city or borough in a civil action as provided in subsection (b) of this section or in a separate civil action brought by the director of health or any official of such city, town or borough authorized to institute civil actions.

Sec. 11. Section 47a-52 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) As used in this section, "rented dwelling" means any structure or portion thereof which is rented, leased, or hired out to be occupied as the home or residence of one or two families and any mobile manufactured home in a mobile manufactured home park which, although owned by its resident, sits upon a space or lot which is rented, leased or hired out, but shall not include a tenement house as defined in section 19a-355 or in section 47a-1.

(b) "Department of health" means the health authority of each city, borough or town, by whatever name such health authority may be known.

(c) When any defect in the plumbing, sewerage, water supply, drainage, lighting, ventilation, or sanitary condition of a rented dwelling, or of the premises on which it is situated, in the opinion of the department of health of the municipality **[**wherein**]** where such dwelling is located, constitutes a danger to life or health, the department may order the responsible party to correct the same in such manner as it specifies. If the order is not complied with within the time limit set by the department, the person in charge of the department may institute a civil action for injunctive relief, in accordance with chapter 916, to require the abatement of such danger.

(d) Paint on the exposed surfaces of a rented dwelling shall not be cracked, chipped, blistered, flaking, loose or peeling so as to constitute a health hazard. Testing, remediation, abatement and management of lead-based paint at a rented dwelling or its premises shall be as defined in, and in accordance with, the regulations, if any, adopted pursuant to section 19a-111c, as amended by this act.

[(d)**]** (e) When the department of health certifies that any such rented dwelling or premises are unfit for human habitation, by reason of defects which may cause sickness or endanger the health of the occupants, the department may issue an order requiring the rented dwelling, premises or any portion thereof to be vacated within not less than twenty-four hours or more than ten days.

[(e)**]** (f) Any person who violates or assists in violating, or fails to comply with, any provision of this section or any legal order of a department of health made under any such provision shall be fined not more than two hundred dollars or imprisoned not more than sixty days or both.

[(f)**]** (g) Any person aggrieved by an order issued under this section may appeal, pursuant to section 19a-229, to the Commissioner of Public Health.

Sec. 12. Section 47a-54f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) In each tenement, lodging or boarding house the walls of any court, shaft, hall or room shall be whitewashed or painted a light color whenever, in the opinion of the board of health or enforcing agency, such whitewashing or painting is needed for the better lighting of any room, hall or water closet compartment.

(b) Paint on the **[**accessible**]** exposed surfaces of a tenement house shall not be cracked, chipped, blistered, flaking, loose, or peeling so as to constitute a health hazard. Testing, remediation, abatement and management of lead-based paint at a tenement house or its premises shall be as defined in, and in accordance with, the regulations, if any, adopted pursuant to section 19a-111c, as amended by this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2007*	19a-111a
Sec. 2	*October 1, 2007*	New section
Sec. 3	*October 1, 2007*	19a-110
Sec. 4	*October 1, 2007*	10-206(b)
Sec. 5	*October 1, 2007*	New section
Sec. 6	*October 1, 2007*	38a-535(b)
Sec. 7	*July 1, 2007*	New section
Sec. 8	*October 1, 2007*	New section
Sec. 9	*October 1, 2007*	19a-111c
Sec. 10	*October 1, 2007*	19a-206

Sec. 11	*October 1, 2007*	47a-52
Sec. 12	*October 1, 2007*	47a-54f

PH *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 08 $	FY 09 $
Public Health, Dept.	GF - Cost	1,302,212	914,390
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost	97,839	359,874
Department of Mental Retardation	GF - Cost	Potential	Potential
Social Services, Dept.	GF - Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 08 $	FY 09 $
All Municipalities	STATE MANDATE - Cost	289,100	578,200
Various Municipalities	Cost	Indeterminate	Indeterminate

Explanation

Department of Public Health (DPH)

The Department of Public Health (DPH) will incur an FY 08 cost of $1,302,212 to institute comprehensive screening of children for lead poisoning and meet other duties in the bill. Fringe benefits costs of $97,839 will also be incurred.[1]

This funding will support the salaries of 8 positions within the State

[1] The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller. The estimated first year fringe benefit rate for a new employee as a percentage of average salary is 25.8%, effective July 1, 2006. The first year fringe benefit costs for new positions do not include pension costs. The state's pension contribution is based upon the prior year's certification by the actuary for the State Employees Retirement System (SERS). The SERS 2006-07 fringe benefit rate is 34.4%, which when combined with the non pension fringe benefit rate totals 60.2%.

Laboratory and 4 positions within the department's Lead Poisoning Prevention and Control Program, as well as the costs of laboratory supplies, associated other expenses and one-time equipment purchases.

It should be noted that while the bill establishes the mandatory testing program as of 10/1/07, this cost estimate is based upon a 1/1/08 implementation date in recognition of the length of time needed by the DPH to acquire and put into operation needed laboratory equipment, as well as train staff.

The FY 09 cost associated with the department's implementation of the bill will be $914,390, reflecting annualized costs. Fringe benefits costs of $359,874 will also be incurred.

Local Health Authorities

Local health authorities will experience costs to the extent that they conduct additional on-site inspections of sources of lead. This results from lowering from 20 to 15 micrograms the per deciliter blood lead level that prompts on-site investigation, if this level is indicated in two tests taken at least three months apart.

Prior to FY 11, estimated aggregate statewide costs of approximately $578,200 will be incurred by local health authorities, based upon an average cost of $1,400 per case for 413 children requiring on-site inspections annually. Assuming an implementation date of 1/1/08, FY 08 costs of approximately $289,100 would be incurred. These costs may increase significantly commencing in FY 11, as the bill would require local intervention when the health director is notified of any child having an elevated blood lead level equal to or greater than 10 micrograms per deciliter, on and after 1/1/11, if at least one percent of the children in the state under age two have reported elevated blood lead levels of at least 10 micrograms per deciliter.

Actual costs would vary by community based upon the incidence of children with elevated blood lead levels.

It is anticipated that local health authorities will accommodate revised regulatory provisions contained within Sections 10-12 within their routine workload.

Department of Education

Provisions contained within Section 4, which require local education authorities to include blood lead screening information within student health assessments, commencing in FY 11, will not result in a fiscal impact. New assessment forms are printed on a yearly basis.

Department of Social Services (DSS)

It is anticipated that the Department of Social Services could administer programs authorized by Section 7 within existing budgetary resources. However, as no funding is provided for the newly established Lead Safe Account (within either this bill or HB 7077, the Governor's Recommended FY 08-09 Biennial Budget) it is anticipated that implementation of programs to provide financial assistance or loans for remediation or removal of lead from residential real property will be delayed until such time as funding is appropriated for this purpose.

Under current practice, the Commissioner of Public Health waives laboratory testing charges for blood lead level tests provided to children who are enrolled in the Medicaid and HUSKY programs. If the Commissioner were to initiate billing for these services, it would result in an added cost to these Department of Social Services' programs of $480,000 annually. This estimate assumes that these programs would pay for 30,000 screens annually, at a cost of $16 per screen. If billing were to occur, these costs would be partially reimbursed by the federal government at a rate of 50% for the HUSKY A program and 65% for the HUSKY B program, for a total of $245,500 in federal matching funds.

Department of Mental Retardation

Section 3 requires local health directors to provide information to parents of children with elevated blood lead levels concerning the child's potential eligibility for the Birth-to-Three program. To the extent that this results in additional evaluations and increased enrollment in the program, an additional cost may result to the Department of Mental Retardation (as this is an entitlement program). Although the bill does not change eligibility for Birth-to-Three services, the provision may result in identifying eligible children earlier than may have otherwise occurred. The average annual net cost per child is $7,300.

State and Local Heath Insurance Plans

The bill mandates that health insurance policies cover lead screening and risk assessments ordered by a child's primary care providers. This provision is anticipated to increase costs for the state and certain municipal health insurance plans that cannot be determined at this time. Such cost would be mitigated by the savings associated with future health problems prevented by the early detection of elevated lead levels.

Summary

Should provisions in this bill mitigate the incidence of lead poisoning in children or reduce the severity of such poisoning, future indeterminate savings in the areas of educational and health services may result.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

SB 1340

AN ACT CONCERNING A COMPREHENSIVE PLAN TO ERADICATE CHILDHOOD LEAD POISONING.

SUMMARY:

This bill mandates additional components in the Department of Public Health's (DPH) lead poisoning prevention program. It creates (1) a timetable and reporting requirements for testing babies and toddlers and (2) continuing risk assessments for young children.

The bill lowers the blood lead level threshold that triggers local health officials investigations into the source of a child's lead poisoning. It permits remediation of lead hazards, not just their abatement and removal, and modifies related requirements and standards.

Finally, it establishes a lead safe General Fund account to assist residential property owners to remediate or remove lead from their property.

EFFECTIVE DATE: October 1, 2007, except for establishing the lead account, which is effective July 1, 2007.

§§ 2 & 4 — SCREENING AND RISK ASSESSMENTS

Blood Testing

The bill requires lead screening at least annually for children between six and 36 months of age. It requires primary care providers (e.g., physicians and advanced practice registered nurses) delivering pediatric care to a child under age two to take a blood sample that measures lead levels. They must also order testing for other youngsters when they determine it is clinically indicated. Among others, they

must test children who:

1. have never been tested;
2. are age two or older, exhibit developmental delays, and, through a risk assessment, are found at-risk for lead poisoning;
3. have lost cognitive skills for no identified reason; or
4. have a clinical record or exhibit symptoms consistent with elevated lead levels, such as neurological symptoms, hyperactivity, behavioral disorders, abdominal pain, or developmental delays.

The bill exempts from these screening requirements children whose parents object to blood tests on religious grounds.

The bill requires, beginning with the 2010-11 school year, that the physical exam required before a child can enroll in public school include a blood lead screening and indicate whether a child has a blood lead level above 10 micrograms per deciliter (µg/dL).

Risk Assessments

The bill requires primary care providers also to arrange for annual lead risk assessments for children ages three to six. Younger children can be assessed if the provider determines it is needed. The DPH commissioner must set assessment standards including questions to determine whether the child:

1. has a habit of eating nonfood substances,
2. has had a prior confirmed venous blood level of at least 10 µg/dL, or
3. lives in a building built before 1978 that has undergone major renovations that may increase the risk of lead exposure.

The law (CGS § 19a-111) already requires the DPH commissioner to establish guidelines for lead screening and risk assessments.

§§ 5 & 6 — INSURANCE COVERAGE

The bill requires individual and group health insurance policies to cover the bill's lead screening and risk assessment mandates. The requirement applies to Connecticut policies delivered, issued for delivery, amended, renewed, or continued on or after October 1, 2007.

§ 3 — REPORTING AND INVESTIGATING ELEVATED BLOOD LEAD LEVELS

Reporting

By law, health care institutions and clinical laboratories must notify the DPH commissioner and appropriate local health officials within 48 hours of receiving or completing a report on a person with a lead level of 10 or more µg/dL of blood or other abnormal bodily lead level. The bill requires them also to report the results within 48 hours to the health care provider who ordered the test. It requires this health care provider to make reasonable efforts to notify parents or guardians of the test result for a child under age two. The provider must do this within 72 hours of learning the test results.

Another law (CGS §19a-111b), which this bill does not alter, requires the DPH commissioner to establish an early lead diagnosis program that includes routine exams of children under age six. Under this program, exams showing blood levels of 10 or more µg/dL must be reported to the child's parents, the local health director, and DPH.

The bill requires the local health director to inform parents about the child's potential eligibility for the state's Birth-to-Three program, which provides services to families with children with disabilities age three and under. (The current threshold for Birth-to-Three eligibility is 45 µg/dL.) Health directors must already inform them about lead poisoning dangers, ways to reduce risks, and lead abatement laws.

Local Health Department Investigations

The bill establishes a new lead source investigation and clean-up process that appears to parallel the existing process. Under the bill, whenever a local or district health director receives a report that two

blood tests taken at least three months apart confirm a child's blood lead level is between 15 to 20 µg/dL, the director must conduct an on-site investigation (presumably of the child's home) to identify the source of lead causing the elevation and order whoever is responsible for the condition to remediate it. The bill lowers the threshold for investigations to 10 µg/dL if, beginning January 1, 2011, 1% or more of Connecticut children under age two have been reported with blood levels of at least 10 µg/dL.

Under current law (CGS §19a-111), which the bill does not change, health directors must conduct an epidemiological investigation when a person is found to have lead levels of 20 or more µg/dL. (An epidemiological investigation is an examiniation and evaluation to determine the cause of elevated blood lead levels; it is not clear how the new on-site investigation the bill requires bill differs from this). After the epidemiological investigation identifies the lead source, the local health director must take action necessary to prevent further lead poisoning. Among other things, the director can order abatement and must try to find temporary housing for residents when the lead hazard cannot be removed from their dwelling within a reasonable time.

§§ 9, 11, & 12 — REMEDIATION, ABATEMENT, TESTING, AND MANAGEMENT

In Dwellings Occupied by Children

Under current law, owners of dwellings with toxic lead levels occupied by children under age six must abate or manage the dangerous materials and follow DPH regulations for doing so. The bill permits them to remediate the materials, as well. It defines remediation as the use of interim controls, including paint stabilization, spot point repair, dust control, specialized cleaning, and mulching soil.

The bill requires DPH to adopt regulations, apparently applicable only to dwellings where children under age six live, establishing requirements and procedures for lead testing, remediation, and management of toxic materials; it permits DPH to adopt regulations

concerning the standards and procedures for these actions in any premises (see COMMENT).

In Rented Houses, Mobile Homes, and Apartment Houses

The bill permits the local or district health director to order the responsible party to correct cracked, chipped, blistered, flaking, peeling, or loose lead-based paint on exposed surfaces in rented one- or two-family houses, mobile homes, and apartments. Under existing law, anyone who fails to comply with such an order is subject to a fine of up to $200, imprisonment for up to 60 days, or both.

Additional Regulations

The bill permits DPH to adopt regulations regulating paint removal from buildings and structures where removal may be hazardous to nearby buildings. The regulations can set definitions, applicability and exemption criteria, notice procedures, appropriate work practices, and penalties for noncompliance.

Current law requires DPH to approve and keep a list of the encapsulation products that can be used in the state to abate toxic lead levels. The bill extends these requirements to encapsulation products used for remediation and changes the type of situations in which they are used from those involving toxic lead levels to those involving lead hazards.

§ 10 — NUISANCE ABATEMENT

The bill permits local health directors to order a property owner to remediate any nuisance (e.g., plumbing, sewerage, ventilation, lead paint) they find on the owner's property. Under current law, they can only order abatement.

The bill extends nuisance law provisions to owners or occupants ordered to remediate a nuisance. By law, owners, or in some cases, occupants, who are ordered to correct a nuisance must pay the costs. If the responsible party fails to do this, the town can take corrective action and sue the person to recover damages and expenses. The town can also seek an injunction. The responsible person is subject to a $250

per day civil penalty for each day the nuisance persists.

§7 — FINANCIAL ASSISTANCE

The bill establishes a lead safe account in the General Fund. It does not identify a funding source for it. The Department of Social Services must use the fund to provide loans and other financial assistance to residential property owners for lead remediation or removal.

§ 1 — COORDINATING LEAD POISONING PREVENTION EFFORTS

The bill makes DPH the lead agency for lead poisoning prevention in the state. The commissioner must identify the state and local agencies with responsibilities related to lead poisoning and schedule a meeting with them at least once a year to coordinate their efforts. The bill also requires DPH's lead poisoning prevention program to include the screenings it mandates.

§ 8 — DATA COLLECTION

The bill requires the public health commissioner, by January 1, 2008, to review the lead poisoning data DPH collects and determine if its format is compatible with reports from institutional and private clinical labs performing lead testing. DPH must adopt regulations if it finds that data should be reported differently.

BACKGROUND

Toxic Lead Levels and Lead Hazards

DPH regulations define toxic lead levels based on the percent of lead in a material. A lead hazard occurs when a material containing a toxic lead level (e.g., paint) deteriorates to the point where its presence presents a hazard to people who come in contact with it.

Related Bill

sHB 6723, File 325, mandates additional components in DPH's lead poisoning prevention program. It creates a timetable and reporting requirements for testing babies and toddlers and continuing risk assessments for pre-schoolers and kindergartners. And it requires local health officials to conduct more in-depth investigations to locate the

source of lead causing a child's lead poisoning.

COMMENT

Ambiguous Regulation Authorization

The bill amends an existing requirement for DPH to adopt regulations governing lead abatement requirements and procedures for abatement of materials containing toxic lead levels to include testing, remediation, and management of such materials (lines 229 to 233). In the same section (lines 255 to 259), it newly permits DPH to adopt regulations concerning the standards and procedures for these actions in any premises.

It is not clear how these provisions are to be read together. The existing regulatory authority appears to apply to any material containing toxic lead levels, but its placement in the context of dwellings where children under six live suggests that one possible reading of the two subsections is that the required regulations would apply only to actions involving these dwellings, while the permissive regulations could apply to any other building.

COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 24 Nay 2 (03/23/2007)